

Damaged Document(s)

2114

AF BOARD OF HEALTH Vol. 9 # 203
OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

Place of Birth Pima County Graham No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* September 18th 1924
(Month) (Day) (Year)

FULL* FATHER
NAME Ether Samuel Ferrin

FULL* MOTHER
MAIDEN NAME julia Ellise McBride

I HEREBY CERTIFY that the child described herein has been named
Flora Mae Ferrin
(Give name in full) (Surname)

Ether Samuel Ferrin
(Parent's signature)

R. D. By...
SIGNATURE OF (Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Corrections. 665-918-143-7-25